

B2500A (Form 2500A) (12/15)

## United States Bankruptcy Court

Eastern District Of Texas

In re <u>Ryan and Sarah Cole</u> ,	)	Case No. <u>24-404647</u>
Debtor	)	
Lionscove Fund I, LLC f/k/a	)	Chapter <u>7</u>
DML Capital Mortgage Fund	)	
LLC	)	
Plaintiff	)	
v.	)	Adv. Proc. No. _____
<u>Ryan Cole and Sarah Cole</u>	)	
Defendant	)	

### SUMMONS IN AN ADVERSARY PROCEEDING\

TO: Ryan Cole  
6624 Eastview  
Sachse, Texas 75048

YOU ARE SUMMONED and required to file a motion or answer to the complaint which is attached to this summons with the clerk of the bankruptcy court within 30 days after the date of issuance of this summons, except that the United States and its offices and agencies shall file a motion or answer to the complaint within 35 days.

Address of the clerk: 660 North Central Expressway, Suite 300B  
Plano, Texas 75074

At the same time, you must also serve a copy of the motion or answer upon the plaintiff's attorney.

Name and Address of Plaintiff's Attorney:

Mark D. Cronenwett  
Vivian N. Lopez  
Lewis Brisbois Bisgaard and Smith  
2100 Ross Avenue, Suite 2000  
Dallas, Texas 75201



/S/ Jason McDonald

Date: 07/05/2024

If you make a motion, your time to answer is governed by Fed. R. Bankr. P. 7012.

**IF YOU FAIL TO RESPOND TO THIS SUMMONS, YOUR FAILURE WILL BE DEEMED TO BE YOUR CONSENT TO ENTRY OF A JUDGMENT BY THE BANKRUPTCY COURT AND JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT.**

(Clerk of the Bankruptcy Court)

Date: \_\_\_\_\_

By: \_\_\_\_\_(Deputy Clerk)

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### CERTIFICATE OF SERVICE

I, Charity N. Coleman (name), certify that service of this summons and a copy of the complaint was made July 11, 2024 (date) by:

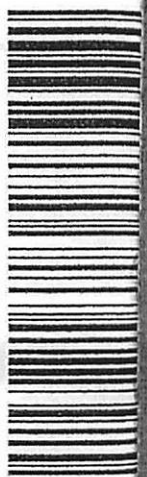
- ☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to: Ryan Cole at 6624 Eastview, Sachse, TX 75048  
Also by mailing by certified mail return receipt requested to the same address.
- ☐ Personal Service: By leaving the process with the defendant or with an officer or agent of defendant at:
- ☐ Residence Service: By leaving the process with the following adult at:
- ☐ Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail addressed to the following officer of the defendant at:
- ☐ Publication: The defendant was served as follows: [Describe briefly]
- ☐ State Law: The defendant was served pursuant to the laws of the State of \_\_\_\_\_, as follows: [Describe briefly]

If service was made by personal service, by residence service, or pursuant to state law, I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date 07-23-24 Signature Charity N. Coleman  
Print Name: Charity N. Coleman PSC # 2761  
Business Address: 5470 LBJ Frwy  
Dallas, TX 75240

30 FREEWAY  
STX, 75240



9589 0710 5270 0675 1553 61

RYAN COLE  
C/O

6624 EASTVIEW  
SACHSE

TX 75048



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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

REGISTERED MAIL

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>1. <i>Article Addressed to</i></p> <p>RYAN COLE C/O 6624 EASTVIEW SACHSE TX 75048</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0675 1553 61</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p>	
<p>4. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>		<p>5. Signature</p> <p><input checked="" type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p>6. Received by (Printed Name)</p> <p>7. Date of Delivery</p>	

PS Form 3811, July 2020 PSN 7530-02-000-9053

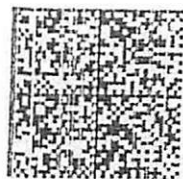
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